2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 09, 2001 8:00 am Secretary of State DOCUMENT # P93000080790 1. Entity Name W.E.D. ELECTRIC & ELECTRONICS CO. 03-09-2001 90484 039 ***158.75 Principal Place of Business Mailing Address 2703 CONGRESSIONAL WAY 109 SE 3RD COURT DEERFIELD BEACH FL 33442 STE B AUV II **DEERFIELD BEACH FL 33441** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. STE. 8 Applied For City & State 4. FEI Number City & State 65-0457806 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOWNEY, WALTER E Street Address (P.O. Box Number is Not Acceptable) 2703 CONGRESSIONAL WAY **DEERFIELD BCH FL 33442** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME DOWNEY, WALTER E NAME STREET ADDRESS STREET ADDRESS 2703 CONGRESSIONAL WAY CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL Change Change ☐ Addition Delete TITLE DIWNEY WALTER E. SR. 22129 S.W. 54TH. WAY NAME DOWNEY, WALTER E JR. NAME STREET ADDRESS STREET ADDRESS 22529 SW 66TH AVE #V304 BOCARATON, FL 33433 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE